This form may be completed online, printed, and mailed to the address listed below.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
CREDENTIALING DIVISION
PO Box 94986, Lincoln, NE 68509-4986

Respite Care Services Initial Licensure Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

_____
_____
_____

INITIAL LICENSE FEES:	
Programs through Volunteers	= $50.00
Programs with capacity of 8-16	= $50.00
Programs with capacity of 17-50	= $100.00
Programs with capacity of 51 or above	= $150.00

2. TELEPHONE NUMBER: _____ (Area Code) FAX NUMBER: _____ (Area Code)

E-Mail Address: _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____ (If Not Individual)

4. ADMINISTRATOR: _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

_____

6. TOTAL LICENSED CAPACITY: _____ (Specify Number)

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization) (Social Security Number if Individual)

ADDRESS: _____
(Street Address, City, State, Zip)

8. OWNERSHIP MAILING ADDRESS: _____
(If Different Than Above)

9. BUSINESS ORGANIZATION: (Check one)

- ____ Sole Proprietorship
- ____ Partnership
- ____ Limited Partnership
- ____ Corporation
- ____ Limited Liability Company
- ____ Governmental (____ State, ____ District, ____ County, ____ City or Municipal)
- ____ Other (Please Specify) _____

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

(1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit."

_____ _____ _____
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT SIGNATURE DATE

_____ _____ _____
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT SIGNATURE DATE